

### STATEMENT OF ORGANIZATION

INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION.)

ON THE FORM CHANGES, SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

3a. Acronym or Abbreviation (If any)  3b. Name of Sponsor or Affiliate:  3c. Are you a Separate Segregated Fund (SSF)? XYES □ NO  3d. The sponsor is a (check one box): □ Corporation □ Labor Organization □ Domestic  4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box):  5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Ph.  7. Name and Mailing Address of Committee Treasurer  DERANGER RUTH E 27646 Weather  Last Name First Name M. I. Street Address or P. O. Box Oniver License # (Optional) D 532 7  8. Type of Committee (Please check one box) □ Political Committee □ Independent Committee Compaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	M 2a. Original □ 2b. Amendment to Item(s)#  2c. Date Change(s) Took Place  Month Day Year  ic Dependent Sovereign
3a. Acronym or Abbreviation (If any)  3b. Name of Sponsor or Affiliate:  3c. Are you a Separate Segregated Fund (SSF)? AYES   3d. The sponsor is a (check one box):   4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box):  4a. Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Ph.  7. Name and Mailing Address of Committee Treasurer  DERRINGER COMMITTEE Treasurer  Last Name First Name M. I. Street Address or P. D. Box Onver License # (Optional) D 652 7  8. Type of Committee (Please check one box) Political Committee Treasurer Independent Committee (Please check one box) Political Committee Treasurer Independent Committee (Please Committee (Please check one box) Political Committee Treasurer Independent Committee (Please Committee (Please check one box) Political Co	2b. Amendment to Item(s)#  2c. Date Change(s) Took Place  Month Day Year  ic Dependent Sovereign
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3a. Acronym or Abbreviation (If any)	Month Day Year
3b. Name of Sponsor or Affiliate:  3c. Are you a Separate Segregated Fund (SSF)? PYES □ NO  3d. The sponsor is a (check one box): □ Corporation □ Labor Organization □ Domestic  4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo □ Day □ Year □ 6. Committee Area Code and Phone (SRG) □ TO □ T	ic Dependent Sovereign
3b. Name of Sponsor or Affiliate:  3c. Are you a Separate Segregated Fund (SSF)? PYES □ NO  3d. The sponsor is a (check one box): □ Corporation □ Labor Organization □ Domestic  4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Phone and Mailing Address of Committee Treasurer  DERRINGER Route First Name M. I. Street Address or P. O. Box One Area Code and Phone (SRG) TSG 105 □ Driver License # (Optional) □ GSG 7  8. Type of Committee (Please check one box) □ Political Committee □ Independent Committee Compaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	ic Dependent Sovereign
3c. Are you a Separate Segregated Fund (SSF)? PYES DNO  3d. The sponsor is a (check one box): DCorporation DLabor Organization Domestic  4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Phone Committee Treasurer  DERRICER COMMITTEE Treasurer  Area Code and Phone (S86, NS9-105) Driver License # (Optional) D 652 7  8. Type of Committee (Please check one box) Designated Record keeper. Name and address of the person (other than the treasurer) who will be respons Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	
3c. Are you a Separate Segregated Fund (SSF)?	
3d. The sponsor is a (check one box): ☐ Corporation ☐ Labor Organization ☐ Domestic  4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Ph.  7. Name and Mailing Address of Committee Treasurer  DERRINGER ROTH E 27646 Weyner  Last Name First Name M. I. Street Address or P. O. Box  Area Code and Phone (\$86,789,105  Driver License # (Optional) D 652, 7  8. Type of Committee (Please check one box) ☐ Political Committee ☐ Independent Committee General Political Committee ☐ Independent Committee General Political Committee ☐ Independent Committee General Political Statement fillings. If committee treasurer will handle these responsibilities, leave this item blank.	
4. Committee Mailing Address (May be P.O. Box):  4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo	
4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Photo To The Description of Committee Treasurer    Der Republic	
4a. Committee Street Address (May not be P.O. Box)  5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and Photo Proceedings of Committee Treasurer  The Republication of Committee Treasurer  De Republication of Committee Treasurer  Last Name	
5. Date Committee Was Formed (In Michigan) Mo Day	one Number ( ) -
7. Name and Mailing Address of Committee Treasurer  DERRINGER  RUTH  E 27646 Weeper  Last Name  First Name  M. I. Street Address or P. O. 8ox  Area Code and Phone (586)759. 1051  Driver License # (Optional) D 652. 7  8. Type of Committee (Please check one box)  Political Committee  Independent Committee General Properties of the person (other than the treasurer) who will be respons Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	one Number ( ) -
DERRINGER  RUTH  E 27646 Wegner  Last Name  First Name  M. I. Street Address or P. O. 8ox  Area Code and Phone (586)759. 1051  Driver License # (Optional) D 652. 7  8. Type of Committee (Please check one box)  Political Committee  Independent Committee  9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be respons Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	
Area Code and Phone (586) 759. 105   Driver License # (Optional) D 652. 7  8. Type of Committee (Please check one box)	1 CAGA
Area Code and Phone (586) 759. 105   Driver License # (Optional) D 652. 7  8. Type of Committee (Please check one box)	Warren 11th 78013
8. Type of Committee (Please check one box)   Political Committee Independent Committee  9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be respons Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.	City State Zip Code
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<ol> <li>Designated Record keeper. Name and address of the person (other than the treasurer) who will be respons Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.</li> </ol>	mitt <del>ėe</del>
Last Name First Name M.I. Street Address	City State Zip Code
Area Code and Phone ( ) - Driver License # (Optional)	
10. □ REPORTING WAIVER: The Committee does: NOT expect to receive or expend in excess of \$1,000:00 will be automatically lost if the committee exceeds the \$1,000 threshold: (Please note that direct and in-kind counstanding debt all count against the \$1,000:00 Reporting Waiver threshold:). Funds left over from one calent received for the next calendar year. If a request for a Reporting Waiver is not received on or before the statement, that campaign statement can not be waived.  11. Names and Addresses of depositories or intended depositories of committee funds.	ontributions, experiditives, loans and index year count toward the "S amount filing deadline of a required campaign
NameSteet Address	ate Zip Code
11b. Secondary Depository: Name Street Address City Str	ate Zip Code
12. Complete if committee is being registered to support or oppose specific candidates.  Candidate Name  Office Sought  County of Resider	nce Party (if any)
13. Complete it committee is being registered to support of oppose opposition	Support
Ballot Proposal:  If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, towers eligible to vote on the proposal reside.	iscuse county where the greatest number of
☐ Statewide ☐ Multi-County ☐ County	C Local
14. Verification: 3 certify that all reasonable diligence was used in the preparation of the above statement, and complete to the best of my knowledge or belief.  Current Treasurer  Type or Print Name  Signature	d that the contents are true, accurate and

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### AMENDED

### STATEMENT OF ORGANIZATION

Ly # 2001823006 VJ



INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.		FOR OFFICIAL U	ISE ONLY
1. Committee Identification No. 00136063	2. Type of	Filing	
3. Full Name Of Committee (Must Include Sponsor or Affiliate)	2a. Orig	inal endment to Item(s	)# <b>7</b>
LOCAL 1250 PEOPLE FUND	2c. Date	Change(s) Took	Place
	11	22	2000
3a. Acronym or Abbreviation (If any)	Month	Day	Year
3b. Name of Sponsor or Affiliate:	<u>,</u>		
3c. Are you a Separate Segregated Fund (SSF)? ■YES □ NO			2
3d. The sponsor is a (check one box): ☐ Corporation ☑ Labor Organization ☐ Dome	estic Depende		
4. Committee Mailing Address (May be P.O. Box):		The Control	3 7
4a. Committee Street Address (May not be P.O. Box)		Z-42	E
5. Date Committee Was Formed (In Michigan) Mo Day Year 6. Committee Area Code and	Phone Numb	er <u>( බට</u> ්	÷
7. Name and Mailing Address of Committee Treasurer		ZX	F
Derringer Koth E 27646 Wagner  Test Name M. I. Street Address or P. O. Box	Warre	n MI	48093
	City	State	Zip Code
Area Code and Phone (810)759-1651 Driver License # (Optional) D 653	2/151	JOS 00	ر کو
8. Type of Committee (Please check one box)	ommittee		
<ol> <li>Designated Record keeper. Name and address of the person (other than the treasurer) who will be resp Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.</li> </ol>	onsible for the	committee's reco	ords and
Last Name First Name M.I. Street Address	City	State	Zip Code
Area Code and Phone ( ) - Driver License # (Optional)		a. marrindik dikangar m. M	
10. D REPORTING WAIVER The Committee does NOT expect to receive or expend in excess of \$1,000 will be automatically lost if the committee exceeds the \$1,000 threshold: (Please note:that direct and in-kin outstanding debt all count against the \$1,000.00 Reporting Waiver threshold:) Funds left over from one creceived for the next calendar year. If a request for a Reporting Waiver is not received on or before the statement; that campaign statement can not be waived.	alendar veat d	nunt toward the	S.amount
11. Names and Addresses of depositories or intended depositories of committee funds.			
11a. Official Depository:   Name City City	State	Zip Code	
11b. Secondary Depository: Name Street Address City	State	Zip Code	
12. Complete if committee is being registered to support or oppose specific candidates.  Candidate Name  Office Sought  County of Res	sidence	Party (if	any)
13. Complete if committee is being registered to support or oppose specific ballot proposals.	☐ Support	☐ Oppose	
Ballot Proposal:  If not a statewide proposal, list the county, city, township, village or school district involved. If multi-cour voters eligible to vote on the proposal reside.	nty, list the co	unty where the gre	eatest number of
☐ Statewide ☐ Multi-County ☐ County		Local	
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, complete to the best of my knowledge or belief.  Current Treasurer LINDA ANNE BEATON  Type or Print Name  Signature	and that the	contents are true.  _Date/Mo.	accurate and  22 2000  Day Year

ROTARY MULTIFORMS, IN 1 GRAND RAPIDS, MI • 616-942-2574



## STATEMENT OF ORGANIZATION FOR INDEPENDENT, POLITICAL, BALLOT QUESTION AND POLITICAL PARTY COMMITTEES

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96 ARMELLA SABAUGH

NACOHB COUNTY CLEAK

NT. CLEAKENS, MICHIGAN

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Туре	or Print Clearly		
1.	Committee	3. Type of Fiting	
	Identification No.	Original	
	00/36063-50	Amendment to Item(s)	· · · · · · · · · · · · · · · · · · ·
2.	Full Name of Committee	Date Change Took Place	
	AFSCME Local 1250 PEOPLE FUND COMMITTEE	mo.	day yr.
4.	Committee Street Address (street, city, state, zip code)	5. Committee Mailing Address (if diffe	erent from street address)
	30500 Van Dyke Avenue Suite 404		
	Warren, MI. 48093 Area Code and Phone 810-574-1360	1	
6.	Full Name and Mailing Address of Treasurer	7 Date Committee Was Formed	
	LINDA ANNE BEATON 30500 Van Dyke Avenue,		
	Warren, Mi. 48093	1-	20- 05
	Wallesty Mr. 40000	mo.	day yr.
	Area Code and Phone (business hours) 810–574–1360		
8.	Type of Committee (check one box)		
	Independent Committee Ballot Question	n Committee	District Political Party Committee
	Political Committee State Central P	olitical Party Committee	County Political Party Committee
9.	Identify the person who will be responsible for the committee's records and Campa item blank.	ign Statement filings. If the committee's tr	easurer will handle these responsibilities, leave this
	Name Mailing Address		Area Code/Phone
			71.04 00407 110110
10	REPORTING WAIVER SECTION		
	a.   INDEPENDENT, POLITICAL AND POLITICAL PARTY COMMITTEES:	The committee does not expect to receive	e or spend more than \$1,000.00 in a calendar year.
	b. BALLOT QUESTION COMMITTEES: The committee does not expect t	to receive or spend more than \$1,000.00 fo	r any election.
			<u> </u>
11.	List the names and addresses of depositories or intended depositories of committ	ee funds (list both official depository and ar	ny secondary depositories).
	CO AMERICA BA	ANK	
	30500 Van Dyl		48093
42	Complete if committee is being registered to support or oppose specific candidate	·····	
12			
	Name of Candidate Office Sought (include district number and community)	t County of Residence	Party (if any)
	RECEIVED AND AND AND AND AND AND AND AND AND AN		•
		. •	
13	Complete if committee is being registered to support or oppose specific ballot pro	posals.	If not a statewide proposal, list the county,
	Ballot Proposal Support or Oppose	Type (statewide, multi-county, county, local)	city, township, village or school district involved. If a multi-county proposal, list the county where the greatest number of voters
			eligible to vote on the proposal reside.
14	<ul> <li>Verification: I certify that all reasonable diligence was used in the preparation of knowledge or belief.</li> </ul>	the above statement, and that the contents	are true, accurate and complete to the best of my

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# STATEMENT OF ORGANIZATION FOR INDEPENDENT, POLITICAL, BALLOT QUESTION AND POLITICAL PARTY COMMITTEES

W

MICHIGAN DEPARTMENT OF STATE Bureau of Elections

Type or Print Clearly	The state of the s
1. Committee Identification No. 00 136 0 6 3 - 50	3. Type of Filing  Original  Amendment to Item(s)
2. Full Name of Committee	Date Change Took Place
AFSCHE Local 1250 PEOPLE FUND COMMITTEE	mo. day yr.
4. Committee Street Address (street, city state, zip code)  20500 Var Dyké Avenue Suite 404  Warren, MI. 48093  Area Code and Phone 810-574-1360	Committee Mailing Address (if different from street address)      Date Committee Was Formed
6. Full Name and Mailing Address of Treasurer  LINDA ANNE BEATON  30500 Van Dyke Avenue.  Warren, Mt. 48003	mo. day yr.
Area Code and Phone (business hours) 810–574–1360	
Type of Committee (check one box)  Independent Committee Ballot Question	on Committee District Political Party Committee
. Political Committee State Central F	Political Party Committee
	aign Statement filings. If the committee's treasurer will handle these responsibilities, leave this
item blank. Name Mailing Address	Area Code/Phone
10. REPORTING WAIVER SECTION	
10. REPORTING WAIVER SECTION  a. INDEPENDENT, POLITICAL AND POLITICAL PARTY COMMITTEES: b. BALLOT QUESTION COMMITTEES: The committee does not expect	The committee does not expect to receive or spend more than \$1,000.00 in a calendar year to receive or spend more than \$1,000.00 for any election.
11: List the names and addresses of depositories of intended depositories of commit	ittee funds (list both official depository and any secondary depositories).
CO AMERICA B	
12. Complete if committee is being registered to support or oppose specific candidate	ites.
Name of Candidate Office Sought (include distric	ict County of Residence Party (if any)
Name of Candidate Office Sought (include district number and community)	
14dille oi Odiloidato	
number and community)	
number and community)	
number and community)  Political Action Committee  13. Complete if committee is being registered to support or oppose specific ballot pro Ballo Process  Oppose	reposals  If not a statewide proposal, list the gotification of the county of the county of the county of the greatest number of vote county, local)